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APR 13 2005

DATE: April 13, 2005

TO: Amendment
Commissioner for Patents

ATTN: Examiner: Alpus Hsu
Art Unit: 2665

FAX NUMBER: (703) 872-9306

FROM: Roberta A. Young, Attorney for Applicant
Registration No. 53,818

Total Number of Pages Sent: 13 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 000186

ENCLOSED ARE:

- Amendment (10 pages)
- Transmittal (in duplicate)

APPLICANT: Serge Willenegger

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 09/788,258

FILED: February 15, 2001

FOR: Method and Apparatus for Controlling Transmit Power of Multiple Channels in a CDMA Communication System

Please contact Sheryl Schoen at (858) 658-5102 if all pages do not transmit.

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PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 000186
In Re Application of: 09/788,258
Serial Number: 09/788,258
Filed: February 15, 2001
Examiner: Alpus Hs
Group Art Unit: 2665

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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	28	28	0	x \$50 =	\$0.00
Independent**	4	4	0	x \$200 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$120.00
				<input type="checkbox"/> Two Months	\$0.00
				<input type="checkbox"/> Three Months	\$0.00
TERMINAL DISCLAIMER				\$130	\$0.00
				TOTAL FEE	\$120.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: April 13, 2005

Signature:

Robert A. Young
Robert A. Young, Reg. No. 53,818
(858) 658-5103

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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(type or print name)

Date: April 13, 2005

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Depositor's Name: Sheryl Schoen
(type or print name)

Signature:

Sheryl Schoen

(TRANSAMD.VER1.13-04/30/04)

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Mail Stop Amendment
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 P.O. Box 1450
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DUPLICATE

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EXTENSION FEES			<input checked="" type="checkbox"/> One Month	\$120	\$120.00
			<input type="checkbox"/> Two Months	\$450	\$0.00
			<input type="checkbox"/> Three Months	\$1020	\$0.00
TERMINAL DISCLAIMER				\$150	\$0.00
				TOTAL FEE	\$120.00

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Date: April 13, 2005

Signature: Roberta A. Young
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 (858) 658-5803

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